

(1) PLACE OF BIRTH

County of Anderson
Township of Anderson
OF
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
5896

Registration District No. 216 Registered No. 1000
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Jessie H. Chandler

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 8 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME H. J. Salter
(9) PRESENT POSTOFFICE OF FATHER Liberty S. C. 21
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Jessie Chandler
(15) PRESENT POSTOFFICE OF MOTHER Liberty S. C. 21
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 12
(18) BIRTHPLACE S. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Salter (24) State which Physician or Midwife South Carolina (25) Address of Physician or Midwife Liberty S. C. 21
(26) Witness W. L. Salter (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 4/10 19 23 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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Form No. 1. THE OTHER No. 2, etc., in question 1.
Bureau of Columbia, Columbia, S. C.